

STATE OF TENNESSEE
Office of Vital Records

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER: 2020-011963

1. Decedent's Legal Name EDWIN G RAPER				2. Sex MALE	3. Date of Death 02/06/2020
4. Time of Death (approx.) 08:05 PM	5. Age 47	6. Date of Birth 1972	7. Birthplace JACKSONVILLE, FL		
8a. Place of Death ER/OUTPATIENT					
8b. Facility Name BAPTIST MEMORIAL HOSPITAL		8c. City or Town MEMPHIS		8d. County of Death SHELBY	
9. Marital Status MARRIED	10. Surviving Spouse (name prior to first marriage) VIVIAN BALDWIN		11. Decedent's Usual Occupation IT PROJECT MANAGER		12. Kind of Business/Industry COUNTY
12. Social Security Number [REDACTED]	13a. Residence-State or Foreign Country TENNESSEE		13b. County SHELBY	13c. City or Town CORDOVA	
13d. Street and Number [REDACTED]		13a. Inside City Limits? YES	13f. Zip Code [REDACTED]	14. Was Decedent ever in US Armed Forces? YES	
15. Decedent's Education BACHELOR'S DEGREE		16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race WHITE	
18. Father's Name EDWIN RAPER		19. Mother's Name Prior to First Marriage SHERRY KNIGHT			
20a. Informer's Name VIVIAN RAPER		20b. Relationship to Decedent SPOUSE	20c. Mailing Address CORDOVA, TN [REDACTED]		
21a. Method of Disposition CREMATION		21b. Place of Disposition MEMPHIS SERVICE CENTER		21c. Location MEMPHIS, TN	
22a. Signature of Funeral Director ►/s/ VERA JOHNSON		22b. License Number 5216	22c. Signature of Embalmer ►		22d. License Number 1034
22e. Name and Address of Funeral Home FAMILY FUNERAL CARE, 4925 SUMMER AVENUE, MEMPHIS, TN 38122					
24. Registrar's Signature ►/s/ EDWARD G BISHOP III			25. Date Filed 03/03/2020		
26. Certifier 26a. PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
26c. Certifier ►/s/ CATHERINE MULROY MUNN		26d. License Number 52262	26e. Date Signed 03/03/2020		
26f. Return MVR Address CATHERINE MULROY MUNN 7208 WOLF RIVER BLVD. STE 100, GERMANTOWN, TN 38138					
27. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.					
27a. Appropriate Interval: Onset to Death IMMEDIATE CAUSE (Final disease/condition leading to death; Separately list conditions, if any, leading up to the cause(s) that occurred after the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST)					
27b. Cause of Death a. GASTROINTESTINAL BLEEDING					
27c. Cause of Death b. CLOTTING DISORDER					
27d. Cause of Death					
28. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I OBESITY, HYPERTENSION, HYPERLIPIDEMIA, DIABETES					
29. Manner of Death NATURAL		31. Did Tobacco Use Contribute to Death? NO		32. If Female: N/A	
33. If Transportation Injury Specified		34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
		34e. Describe How Injury Occurred		34f. Location of Injury	

PH-1600 (Rev. 8/2017)

RDA 10112

*Conditions
Last Registered*

12283684

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the mid-embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certificate. Use of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977



Edward G. Bishop III
State Registrar

Lisa Piercy, MD, MBA, FAAP

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APR 03 2020

CERTIFICATION OF VITAL RECORD

